

CERTIFIED TO BE A TRUE AND
EXACT COPY OF THE ORIGINAL
BY: [Signature]

LACK OF PROBATE AFFIDAVIT

Order No.:

To: **Clark County Title Company**
1400 Washington Street, Ste. 100
Vancouver, WA 98680
Phone: 360-694-4722 Fax: 360-694-4734

, being first duly sworn, on oath deposes and says:

The undersigned affiant is the lawful surviving (relationship to decedent) of (decedent) who died on , at (city), (county), (state), then being a resident of (city), (county), (state).

A COPY OF THE DEATH CERTIFICATE MUST BE ATTACHED.

PLEASE NOTE: Upon review of the documentation, we may require a certified copy of the death certificate to be recorded.

REGARDING DISPOSITION OF REAL PROPERTY:

- ☐ That the decedent left no Last Will and Testament and/or Community Property Agreement; or
- ☒ Decedent left a Community Property Agreement in favor of surviving spouse (a copy of which is hereto attached for review), or has been recorded under File No. _____ in _____ County; or
- ☒ Decedent left a Last Will and Testament which HAS NOT been probated or revoked (a copy of which is hereto attached for review); or
- ☐ Decedent left a Last Will and Testament which has been probated in _____ County, State of _____ under Superior Court Case No. _____

"Heirs at law" includes surviving spouse, children, adopted children, issue of a predeceased child or adopted child; if decedent left no surviving spouse or children, then affiant has listed below all of the surviving parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent (use reverse side, if necessary)

Full Name: Annette Ruth Medlin
Age: 67
Relationship: Spouse
Address: Stevenson, WA 98648

Full Name: Hilary Erin Medlin
Age: 40
Relationship: daughter
Address: Stevenson, WA 98648

Full Name: Ryann Lindsay Medlin
Age: 38
Relationship: daughter
Address: Stevenson, WA 98648

AFFIDAVIT (Lack of Probate)
Escrow #CL4403

REGARDING POTENTIAL LIENS AGAINST THE ESTATE OF THE DECEDENT:

Affiant declares that all debts of the decedent and/or the marital community, including but not limited to all of decedent's medical, funeral and burial expenses, as well as all applicable succession and/or inheritance taxes, have been fully paid, except as follows:

Affiant further declares that the decedent:

☐ HAS (or)

☒ HAS NOT received assistance from the State of Washington for assistance from the State of Washington for subsistence or medical care (Medicaid/Welfare) in the past.

Affiant further declares that the total amount of all community property of the decedent was approximately \$ 1,237,000. and the value of all separate property was approximately \$ 0.

This affidavit is made solely to induce Clark County Title Company or its underwriter, hereinafter called "Company", to insure title to real property covered by the Company's order number as set forth above, in which decedent had an interest at the time of death. Affiant urges Company to issue its policy of title insurance in full reliance upon the herein representations.

Dated: 8-15-17

Annette Medlin
 Affiant

Address: 145 NW Roosevelt St.
Stevenson, WA 98648

STATE OF WA)

COUNTY OF Richland) s.s.

I certify that I know or have satisfactory evidence that is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: Aug 15, 2017

Notary Public in and for the State of Washington
 Residing at Wainwright
 My appointment expires: Nov 21, 2020

